

The Special Resolution of Physicians is respectfully directed to the following:

Health Department, City of Baltimore.

Permit No. A 134 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14/17

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Samowin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, _____ Months, _____ Days

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give Street and Number. } # 843 Manfred

Cause of Death, { First (Primary), Heart Apoplexy }
 { Second (Immediate), _____ }

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 17

{ Undertaker, Andrew Knell } A. L. Spicer M. D. Medical Attendant.

{ Place of Business, 807 Columbia St. Address, 855 W. Lombard St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1312 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Pavlak

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~ Years, ~ Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Old # 50 Shakespeare St

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), } Transition

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 15' 87

Undertaker, Felix Broskowsky John H. Rehberger M. D.

Place of Business, 1832 Wisconsin Address, #1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1313 Office of Registrar of Vital Statistics. Ward 2⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Michaelak

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 10 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, old #36

Place of Death, { Give Street and Number. } James St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Ag. house

Date of Burial, July 16 87

Undertaker, Felix Bros John H. Rehberger M. D.

Place of Business, 1732 Alameda Address, 1709 Alameda

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1314 Office of Registrar of Vital Statistics. Ward 202

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Evans
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, 70 Years, Colored Months, 3 Days.
 Color, Colored
 Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, Med
 Birth Place, { State or country, and how long in the United States, if of foreign birth. }
 Duration of Residence in the City of Baltimore, 3 Months
 Place of Death, { Give Street and Number. } 1538 Bruce St
 Cause of Death, { First (Primary), Senility Second (Immediate), 1 Year }
 Duration of Last Sickness, 1 Year
 All the above information should be furnished by the Physician.
 Place of Burial, Laurel Cemetery
 Date of Burial, July 15th 1887
 Undertaker, Wm N Dunge M. D. James A. Stewart
 Place of Business, Cum gratia Address, 164 R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

W B Roberts Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1315 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1887
Full Name of Deceased, George G. Sæver
Sex, Male or Female, Male
Age, 20 Years, 4 Months, 7 Days.
Color, White
Married, Single, Widow or Widower, Single

Occupation, _____
Birth Place, Baltimore
Duration of Residence in the City of Baltimore, Since birth
Place of Death, 1911 Hoffman St
Cause of Death, Faste intestinal Catarrh
Exhaustion
Duration of Last Sickness, Three (3) Days

Place of Burial, Walton Pl
Date of Burial, July 15 1887
Undertaker, Henry Becker Son
Place of Business, 1023 Howard St
Medical Attendant, W. D. [Signature]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, MD 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1316

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 15 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Benj H Dutton Jr

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

29 Days.

Color, ed

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

528 Orchard St

Cause of Death,

{ First (Primary),

Second (Immediate),

Whooping Cough

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician

Place of Burial,

Laurel

Date of Burial,

July 15 1887

{ Undertaker,

Alex Hemmley

R. Winslow

M. D.

Medical Attendant.

{ Place of Business,

56 Orchard St

Address, 412 W. Riddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **A** 1317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 14th 1887*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maggie Dorsey*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *14* Years, *4* Months, Days.
 Color, *White* Sex, *Female*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
 Occupation, *None*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Virginia*
 Duration of Residence in the City of Baltimore, *10 years*
 Place of Death, { Give street and number. } *618 Warner St*
 Cause of Death, { First (Primary), Second (Immediate), } *Cerebro-Spinal Meningitis*
 Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *Reddenhill Cemetery* *T Edward Kuby M. D.*
 Date of Burial, *July 16* Medical Attendant.
 Undertaker, *Amstrong & Dwyer* Address *645 Columbia Ave*
 Place of Business, *No 747 Light St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 13/8 Office of Registrar of Vital Statistics. Ward 9²/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie Snow

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 28 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Supposed to be Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 317 St Paul St

Cause of Death, { First (Primary), Second (Immediate), } Neglect & Exposure

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 15, 1887

Undertaker, Geo. Reinhart

Place of Business, Health Dept Address, 605 St Paul

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1319 Office of Registrar of Vital Statistics. Ward 19^e

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Murray

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 21 Months, 7 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 331. Line se old no

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 506 Calver St

Cause of Death, { First (Primary), Second (Immediate), } measles

Duration of Last Sickness, Rise in ventrals

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, July 15th 1887 Amman F Hill M. D.

Undertaker, Chas. J. Dunbar

Medical Attendant.

Place of Business, 150 East St Address, 17 N. Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1320 Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 Years,

Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1212 N. Wolfe St.

Cause of Death, { First (Primary), Second (Immediate), } Rheumatism
Heart disease

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15th 1887

{ Undertaker, W. J. Dunger

Edwin B. Tenby, M. D.

Medical Attendant.

{ Place of Business, 150 East St Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]